

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO

10/562,772

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/	X	X	X	X
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8	/	/				
9		2				
10		2				
11			1			
12				/		
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TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	10	←	8	←		←
TOTAL CLAIMS	12		10			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						